

JAN 07 2010

PTO/SB/97 (08-03)

Approved for use through 07/31/2006. OMB 0851-0031

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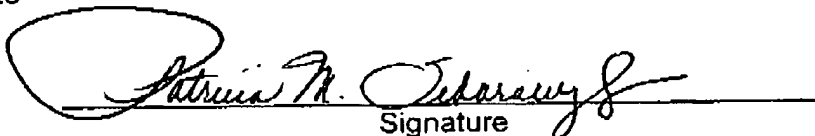
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ATTACHED: FEE TRANSMITTAL (PTO/SB/17), in duplicate;
COVER LETTER, with Search Report attached, 4 sheets;
RCE (PTO/SB/30), in duplicate; and
IDS Statement (PTO/SB/08a).

Serial No.: 10/580,807
Art Unit: 2629

Examiner: David Lee Lewis
Docket No.: PU030306

TOTAL NUMBER OF PAGES INCLUDING THIS SHEET: **10**

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JAN 07 2010

PTO/SB/17 (01/08)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
for FY 2007☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
810.00

Complete if Known

Application Number	10/580,807
Filing Date	May 25, 2008
First Named Inventor	Angela Renee Burnett
Examiner Name	David Lee Lewis
Art Unit	2629
Attorney Docket No.	PU030306

METHOD OF PAYMENT (check all that apply)

CUSTOMER NUMBER: 24498

☐ Check ☐ Credit card ☐ Money Order☐ None☐ Other (please identify):☒ Deposit Account: Deposit Account Number 07-0832

Deposit Account Name:

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☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims

- or HP =

Extra Claims

Fee (\$)

Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Independent Claims

- or HP =

Extra Claims

Fee (\$)

Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

Small Entity	
Fee (\$)	Fee (\$)
50	25
200	100
360	180
Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

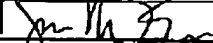
Other (e.g., late filing surcharge): FEE FOR RCE

- \$810.00

Fees Paid (\$)

\$810.00

SUBMITTED BY

Name (Print/Type)	JAMES MCKENZIE	Registration No. (Attorney/Agent)	51,146	Telephone	(609) 734-6866
Signature					January 7, 2010

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, reviewing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22313-1480. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480. If you need assistance in completing this form, call 1-800-PTO-0199 and select option 2.

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Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL for FY 2007		Application Number	10/580,807
		Filing Date	May 25, 2006
		First Named Inventor	Angela Renee Burnett
		Examiner Name	David Lee Lewis
		Art Unit	2629
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	PU030306
TOTAL AMOUNT OF PAYMENT (\$)		810.00	

METHOD OF PAYMENT (check all that apply)		CUSTOMER NUMBER: 24498	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 07-0832		Deposit Account Name: THOMSON LICENSING LLC	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments	
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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
FILING FEES		SEARCH FEES		EXAMINATION FEES			
Small Entity		Small Entity		Small Entity			
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
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Reissue	300	150	500	250	800	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description				Small Entity			
Each claim over 20 (Including Reissues)				Fee (\$)			
Each Independent claim over 3 (Including Reissues)				50			
Multiple dependent claims				200			
Total Claims				360			
- or HP =				Extra Claims			
HP = highest number of total claims paid for, if greater than 20.				Fee (\$)			
				Fee Paid (\$)			
Independent Claims				Fee (\$)			
- or HP =				Extra Claims			
HP = highest number of independent claims paid for, if greater than 3.				Fee (\$)			
				Fee Paid (\$)			
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Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)	
- 100 =		/ 50 =		(round up to a whole number) x		Fee Paid (\$)	
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
Other (e.g., late filing surcharge): FEE FOR RCE						- \$810.00	
						\$810.00	

SUBMITTED BY					
Name (Print/Type)	JAMES MCKENZIE	Registration No. (Attorney/Agent)	51,146	Telephone	(609) 734-6866
Signature	January 7, 2010				

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